

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 25231	2. Fiscal Year Covered From: 1 / 1 / 05 Through: 12 / 31 / 05
3. Name and address of person filing. Name CECIL A MCINTYRE JR P.O. Box, Bldg., Room No., if any Street 5127 THUNDER HILL RD City COLUMBIA State MARYLAND ZIP Code + 4 21045	4. Name, file number, and address of labor organization. Name DISTRICT NO. 1- PLO, MEBA, AFL-CIO Labor Organization File Number 066-581 P.O. Box, Building and Room Number, if any Street 444 N CAPITAL ST, SUITE 800 N.W. City WASHINGTON State D.C. ZIP Code + 4 20001
5. Position in labor organization. SECRETARY - TREASURER	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct and complete. (See the section on penalties in the instructions.)		
Signed <u>Cecil A. McIntyre Jr.</u>	On <u>3-29-06</u> Date	<u>202-638-5355</u> Telephone Number

Name of Person Filing	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name *MEBA BENEFIT TRUSTS, PLANS*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *1007 EASTERN AVE.*

City *BALTIMORE*

State *MARYLAND* ZIP Code + 4 *21202*

9. Business deals with:

☒ a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employee's name.

Name *MEBA BENEFIT PLANS*

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street *1007 EASTERN AVE*

City *BALTIMORE*

State *MARYLAND* ZIP Code + 4 *21202*

11.a. Nature of such dealing.

MEBA BENEFIT PLANS ARE A JOINTLY-TRUSTED, MULTIPLE EMPLOYER BENEFIT PLANS THAT PROVIDE BENEFITS TO PARTICIPANTS REPRESENTED BY THE MEBA

11.b. Approximate dollar value of such dealing. *1,099.79*

12.a. Nature of interest held or income received.

THE AMOUNT IDENTIFIED IN BOX 11b IS FOR REIMBURSEMENT OF TRAVEL-RELATED EXPENSES INCURRED IN ATTENDING MEBA BENEFIT PLANS BOARD OF TRUSTEE MEETINGS, FOR WHICH I AM A TRUSTEE AND WAS REQUIRED TO ATTEND. A SUMMARY OF THESE REIMBURSED AMOUNTS IS ATTACHED HERETO.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

MEBA Medical and Benefits Plan
2005 LM-10, LM-30 Reports

Name	Plan	Acct/Vendor Number	Date Paid	Amount Paid	Explanation
Cecil A. McIntyre	Medical	571700	4/13/2005	\$ 10.56	Reimbursement of Travel Expenses Relating to Trustee Meeting 02/05
Cecil A. McIntyre	Medical	571700	5/4/2005	\$ 386.48	Various Meals 02/05 Trustee Meeting
Cecil A. McIntyre	Medical	571700	5/6/2005	\$ 53.78	Reimbursement of Travel Expenses Relating to Trustee Meeting 04/05
Cecil A. McIntyre	Medical	571700	9/12/2005	\$ 385.34	Various Meals 04/05 Trustee Meeting
Cecil A. McIntyre	Medical	571700	10/27/2005	\$ 283.63	Reimbursement of Travel Expenses Relating to Trustee Meeting 10/05
				\$ 1,099.79	